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**BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

Zimbabwe – Cholera Outbreak

Fact Sheet #5, Fiscal Year (FY) 2009

January 16, 2009

Note: The last fact sheet was dated January 9, 2009.

KEY DEVELOPMENTS

- Since the outbreak began in August 2008, cholera has spread to all of Zimbabwe's 10 provinces and 54 of Zimbabwe's 62 districts. As of January 15, cholera had caused more than 2,200 deaths, with more than 42,600 cases reported and a case fatality rate (CFR) of 5.2 percent, according to the U.N. World Health Organization (WHO).
- Updated January 15 WHO figures included 24 new cholera deaths and 689 new cases, a decrease from 104 deaths and 1,550 new cases reported on January 14. As of January 10, WHO reported a daily average of 31 cholera deaths and 587 new cases since November 16, 2008.
- From January 4 to January 10, Mashonaland West Province accounted for approximately one-third of newly reported cholera cases. In a January 14 U.N. cluster meeting, the Government of Zimbabwe (GOZ) Ministry of Health and Child Welfare (MOHCW) identified a shortage of MOHCW staff, resulting from a lack of wages, as a contributing factor to the increase in new cases.
- On January 9, the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) noted that WHO and ministries of health in four neighboring countries continued to report cholera cases. OCHA indicated that population movement from Zimbabwe appears to have contributed to outbreaks in Mozambique, Zambia, and South Africa, although Mozambique and Zambia continue to experience unrelated seasonal outbreaks. According to OCHA, all five confirmed cholera cases in Botswana originated in Zimbabwe.

NUMBERS AT A GLANCE		SOURCE
Total Reported Cholera Cases in Zimbabwe	42,675	WHO – January 15, 2009
Total Reported Cholera Deaths in Zimbabwe	2,225	WHO – January 15, 2009
Reported Cholera CFR in Zimbabwe	5.2 percent	WHO – January 15, 2009

FY 2009 HUMANITARIAN FUNDING PLEDGED TO ZIMBABWE FOR THE CHOLERA OUTBREAK

USAID/OFDA Assistance to Zimbabwe\$6,800,000
Total USAID Humanitarian Assistance to Zimbabwe for the Cholera Outbreak\$6,800,000

CURRENT SITUATION

- On January 10, WHO noted that the cholera outbreak in Zimbabwe remained uncontrolled. For the week of January 4 to January 10, WHO reported a weekly CFR of 5.9 percent, similar to the weekly CFR reported two weeks earlier, attributing the significant decrease in the intervening week to lack of reporting during the holiday period.
- In Mozambique, the Ministry of Health (MOH) reported 11 deaths and nearly 1,300 new cholera cases between December 21 and January 4. OCHA reported no evidence of a significant trans-border epidemic between Zimbabwe and Mozambique, but noted that the Mozambican MOH has sent technical teams to strengthen monitoring in districts bordering Zimbabwe.
- In South Africa, the National Department of Health reported two deaths and 451 new cases between December 23 and January 6, with 42 new cases reported in Gauteng Province on January 5. Limpopo Province, which borders Zimbabwe, continues to account for more than 90 percent of reported cases. On January 9, OCHA reported increased local cholera transmission in affected districts of South Africa. According to OCHA, the Government of South Africa has requested assistance from humanitarian partners to identify new cases among vulnerable groups.
- According to OCHA, cholera currently affects 11 out of 72 districts in Zambia. WHO reported 10 deaths and 482 new cases between December 17 and January 6. To assist with cholera prevention efforts, U.N. agencies have provided 90,000 bottles of chlorine and 6,000 bars of soap to affected and at-risk populations. The Zambian MOH has intensified an existing awareness campaign, including cholera prevention public service announcements on national radio.

Humanitarian Coordination and Information Management

- At the January 14 joint U.N. water, sanitation, and hygiene (WASH) and health cluster meeting, the International Center for Diarrheal Disease Research, Bangladesh (ICDDR), assessment team briefed participants on the importance of household oral rehydration solution use, early treatment at cholera treatment centers (CTCs), and appropriate case management. In addition, the team identified increased health care staffing levels, staff training, and staff motivation as key components of an effective cholera response.
- The ICDDR team distributed USAID/OFDA-funded compact discs containing cholera prevention training modules to all organizations in attendance. The USAID Disaster Assistance Response Team (USAID/DART) noted the potential for the ICDDR team's technical expertise to significantly improve case management at provincial and district levels and decrease the overall CFR.
- At the January 14 joint U.N. WASH and health cluster meeting, cluster coordinators circulated a draft matrix of organizations volunteering to serve as district-level response focal points. Although the majority of organizations focus on WASH activities, the coordinators requested that such organizations also cover health issues, due to the small number of health-focused organizations currently working on the cholera response.
- On January 12, USAID/DART staff reported that the social mobilization technical advisor assigned to the WHO cholera command-and-control center continues to work with partners to consolidate cholera information, education, and communication materials for community health workers and hygiene promoters. Before the arrival of the technical advisor, social mobilization activities had focused primarily on mass media campaigns without a robust effort to develop a community-level component, according to the USAID/DART.
- USAID/OFDA continues to support information coordination through the U.N. clusters in order to improve data collection, analysis, and dissemination, enabling humanitarian organizations to direct expertise and resources where most needed.

WASH

- During the January 14 joint U.N. WASH and health cluster meeting, the MOHCW noted that approximately 50 percent of environmental health technician positions countrywide remained vacant, resulting in a lack of community-based WASH monitoring. In the absence of technicians, the MOHCW representative reported ministry plans to train community volunteers.
- During the joint U.N. cluster meeting, a team comprised of U.N. Children's Fund (UNICEF), non-governmental organization (NGO), and GOZ representatives presented findings of an 11-day WASH assessment in urban and rural areas of Harare, Kadoma, Chinoyi, and Mudzi districts. The team conducted approximately 680 individual interviews, held discussions with stakeholder groups, and carried out water quality tests.
- The assessment team reported that individuals' first priority was to secure food, not prevent cholera transmission. The team further noted a lack of community-level awareness regarding the relative risk of cholera transmission methods. In addition, the team reported that individuals consider water from potentially contaminated boreholes and taps safe and noted rural populations' unwillingness to boil water due to the time and amount of firewood required.
- In FY 2009, USAID/OFDA has committed more than \$4.3 million for WASH activities, including hygiene promotion, cholera risk and transmission awareness programs, and home-based water treatment. USAID/OFDA-funded WASH activities target locations with high reported cholera rates and areas prone to spread of the disease, particularly high-density, peri-urban districts.

Health

- On January 14, the USAID/DART met with NGO staff to discuss recent health assessment findings from Mutare and Chipinge districts, Manicaland Province. NGO staff reported limited clean water access and health staff capacity.
- In addition, the assessment team reported that nearly all cholera deaths in Mutare and Chipinge districts occurred outside health facilities, CTCs, and cholera treatment units (CTUs), indicating a lack of access to treatment. On January 15, WHO reported that more than 56 percent of overall cholera deaths nationwide occurred outside health facilities, CTCs, and CTUs. According to WHO, continued lack of access to health care results in part from staff shortages due to low or unpaid salaries.
- On January 10, WHO reported increased efforts to identify cholera deaths and new cases among children aged two years old or younger to enable a more targeted response in the event of increased infant cholera mortality.
- USAID/OFDA plans continued support for data collection, the establishment of early warning mechanisms, and rapid response to new alerts.

Emergency Relief Supplies

- In response to the current cholera outbreak, USAID/OFDA has committed more than \$360,000 for the procurement and transport of 400 metric tons (MT) of soap for use in hygiene promotion programs in Zimbabwe. USAID/DART staff report that the first shipment of nearly 100 MT, consigned to UNICEF, arrived in Zimbabwe on January 12.

USAID HUMANITARIAN ASSISTANCE FOR ZIMBABWE'S CHOLERA OUTBREAK

- On December 16, 2008, U.S. Chargé d'Affaires a.i. Katherine S. Dhanani declared a disaster due to the effects of the cholera outbreak. As part of ongoing response efforts, USAID/OFDA activated a five-person USAID/DART to identify humanitarian needs, evaluate response effectiveness, conduct field assessments, and participate in U.N. health, logistics, and WASH cluster meetings.
- To date, USAID/OFDA has pledged \$6.8 million in emergency assistance for Zimbabwe's cholera outbreak. USAID/OFDA assistance will continue to target provision of emergency relief supplies for affected populations, humanitarian coordination and information management, and WASH interventions.
- USAID/OFDA support for the current response adds to the more than \$4 million that USAID/OFDA has provided for emergency WASH programs in Zimbabwe since October 2007. The U.S. Government has provided more than \$264 million in humanitarian assistance for Zimbabwe's ongoing complex emergency since October 2007.

USAID HUMANITARIAN ASSISTANCE TO ZIMBABWE FOR THE CHOLERA OUTBREAK IN FY 2009

<i>Implementing Partner</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
USAID/OFDA ASSISTANCE¹			
Multiple	Emergency Relief Supplies; Humanitarian Coordination and Information Management; Water, Sanitation, and Hygiene	Affected Areas	\$2,044,212
Multiple	Water, Sanitation, and Hygiene	Bulawayo, Chirumanzu, Gweru, Harare, Kadoma, and Mutare Districts	\$4,343,020
UNICEF	Emergency Relief Supplies	Affected Areas	\$299,180
	Transport of Emergency Relief Supplies	Affected Areas	\$65,632
	Administrative Support and Travel	Countrywide	\$47,956
TOTAL USAID/OFDA			\$6,800,000
TOTAL USAID HUMANITARIAN ASSISTANCE TO ZIMBABWE FOR THE CHOLERA OUTBREAK IN FY 2009			\$6,800,000

¹ USAID/OFDA funding represents anticipated or actual obligated amounts as of January 16, 2009.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for cholera response efforts in Zimbabwe can be found at www.interaction.org.
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietary, and environmentally appropriate assistance.
- More information can be found at:
 - USAID: www.usaid.gov – Keyword: Donations
 - The Center for International Disaster Information: www.cidi.org or (703) 276-1914
 - Information on relief activities of the humanitarian community can be found at www.reliefweb.int

USAID/OFDA bulletins appear on the USAID web site at http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/